

**GOVERNOR'S INTERAGENCY COORDINATING COUNCIL FOR THE
PREVENTION OF ALCOHOL AND OTHER DRUG PROBLEMS
GOVERNOR'S PREVENTION ADVISORY COUNCIL (GPAC)
August 19, 2010 – 9:30 a.m. to 12:30 p.m.**

MINUTES

The thirty-first meeting of the Governor's Prevention Advisory Council (GPAC) was convened at 9:30 a.m., on August 19, 2010, at the California Department of Alcohol and Drug Programs (ADP). These minutes provide a summary of the discussion and the decisions made during the Council meeting.

1. INTRODUCTIONS AND ANNOUNCEMENTS

Director Renée Zito welcomed members and guests and stated that the meeting would showcase the work done through the California Screening, Brief Intervention, and Referral to Treatment (CASBIRT) grant.

Members introduced themselves and provided updates on prevention projects their agencies are involved in.

Stephanie Papas, Department of Education, updated the GPAC on the status of their grants to build state capacity.

Ray Murillo, California State University (CSU), introduced himself.

Paul Oliaro, Vice President of Student Affairs, CSU Fresno, announced the 2011 California Higher Education Alcohol and Other Drugs Education Conference.

Virginia Clark, California Conservation Corps (CCC), spoke about the 11 resource centers within the CCC system that have on-site counselors who will be trained to provide screenings for substance abuse.

Christian Albrecht, Alcoholic Beverages Control, revealed how possible funding changes will affect their programs.

Belinda Vea, Office of the President, University of California (UC), shared that several campuses across the UC system have mandated alcohol education classes.

Jon Rodriguez, California Highway Patrol, introduced himself.

Claire Salle, Department of Mental Health (DMH), stated that DMH has a renewed contract with ADP which focuses on co-occurring disorders.

Alexandra Bell, representing Diane Glaser, California Community Colleges, announced that Ms. Glaser will present the results of the American College Health Assessment Survey which included questions on Alcohol, Tobacco, and Other Drugs at a future GPAC meeting. Ms. Bell also spoke about implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) services at Alan Hancock College in Santa Maria, California.

Jacquelyn Duerr, representing Dr. Linda Rudolph, California Department of Public Health (DPH), discussed the Health in All Policies Task Force which is preparing recommendations to improve the health of all Californians while advancing the goals of DPH's Strategic Growth Council through changes in State policies, programs, and procedures.

Ms. Duerr also announced that The Centers for Disease Control and Prevention has named Yale researcher and alumna Linda C. Degutis as director of its National Center for Injury Prevention and Control.

Michelle Famula, UC Davis Family Health Center, described recent changes within the Health Center and the community. Since the last GPAC meeting in May, Student Health Services has moved into its new facility that provides additional space to transform services from primary care to more of a comprehensive medical hub. A divisional decision has also been made to fully combine mental and physical health services beginning in the fall of 2010. This model will be the basis for the UC Davis SBIRT program to include mental health, physical health, and education about alcohol and drug consequences.

Ms. Famula also shared that the Davis community including UC Davis alumni have assembled to recommend principles and practices for future Picnic Day events held in Davis.

Alan Lieberman, Attorney General's Office, introduced himself.

Richard Lopes, Deputy Director of Law Enforcement, announced a training video for law enforcement and first responders on the dangers of drugs stating it could possibly be shown at the next GPAC meeting.

Scott Berenson, representing Betsy Sheldon, California Community Colleges, announced that their organization has received 14 proposals of which three will be funded for implementing veterans' service centers. High-tech training will be available through software provided at no cost to campuses.

Tim Cermak, President, California Society of Addiction Medicine, introduced himself.

Susan Bower, County of San Diego, Health and Human Services Agency joined the meeting by telephone and announced the SBIRT conference scheduled for September 9 and 10 in San Diego.

2. OPENING REMARKS

Director Zito opened the meeting by announcing the ADP Training Conference scheduled for October 12-14 at the Radisson Hotel in Sacramento. The agenda and listing of training conference workshops was provided in the GPAC information folder. Questions regarding the training conference can be referred to Amy Stonehill at (916) 322-3144.

Director Zito went on to share information about the Recovery Happens rally and information fair scheduled for September 1, 2010. She announced that the event would have speakers,

information booths, singers, 12-Step Meeting organizations, and fellowship. Questions regarding this rally can be referred to Ken Jones at (916) 338-9460.

Next, Director Zito announced International Fetal Alcohol Spectrum Disorder Awareness Day scheduled for September 9, 2010 from 10:00 a.m. to 2:00 p.m. This event is intended to raise awareness about the dangers of drinking alcohol during pregnancy. Questions regarding this event can be referred to Arc of California at (916) 552-6619.

Director Zito also reiterated Susan Bowers' earlier announcement regarding the SBIRT Conference entitled "Seizing the Teachable Moment" scheduled for September 9-10 in San Diego. Director Zito added that the conference will include expert panel discussions, keynote speakers, and breakout sessions. Questions regarding the SBIRT conference can be referred to Louise Lecklitner at (619) 584-5059.

Save the Date flyers and contact information for all of the events were provided in the GPAC informational folders.

Lastly, Director Zito informed the GPAC that the day's meeting was to discuss the progress made through the CASBIRT project. In accordance with the number of activities being engaged in by members in their areas of SBIRT, the day's presentations provided members with the latest information on the outcomes of two projects that have been running since 2003. The opportunity to hear what has taken place and the lessons that have been learned through implementing SBIRT provides a context for considering the future direction of SBIRT in California moving from this point forward. In addition to the presentations, members were encouraged to provide their recommendations for expanding SBIRT throughout the state.

3. AGENDA/MATERIAL REVIEW

The following materials were provided to the GPAC members:

- A registration brochure for the ADP Training Conference
- "Save the Date" Flyers for Recovery Happens, Fetal Alcohol Spectrum Disorder (FASD) Awareness Day, and the SBIRT Conference
- A copy of the PowerPoint presentations from the San Diego and Los Angeles CASBIRT projects
- Copies of the PowerPoint presentation from University of California, Los Angeles (UCLA) on the evaluation of the Los Angeles CASBIRT project and on the statewide trainings
- A table of contents of the SBI Toolkit along with information from the toolkit including:
 - A handout that defines SBIRT
 - A glossary of SBIRT terms
 - An SBIRT guide for public health practitioners
- Policy recommendations presented on behalf of the CASBIRT subcommittee
 - A policy recommendation to support CASBIRT operational and financial sustainability (March 2006);
 - A Significant Issue Report (SIR) asking that all state-funded healthcare and medical insurance include SBIRT services as a routine component of care in a variety of settings;

- A Significant Issue Report for the repeal of the Uniform Accident and Sickness Policy Provision Law (UPPL)
- A policy recommendation to the California Medical Association endorsing the adoption of SBIRT services as the standard of practice at all university, college, and community college student health and counseling centers in California
- A white paper prepared by UCLA on SBIRT
- A fact sheet on how marijuana legalization may affect public budgets and marijuana consumption in California.

Next, Michael Cunningham provided an overview of the CASBIRT project and summarized the grant timeline as follows:

- In September 2003, California received a \$17.4 million dollar federal grant (\$3.5 million annually for five years) from the Center for Substance Abuse Treatment.
- Pioneering work in San Diego County resulted in the development of a cost-effective service delivery and implementation model.
- Altam Associates, Inc. (ALTAM) was the original provider of SBIRT services being delivered in San Diego County.
- By the end of the first year of the grant, CASBIRT was implemented at 18 sites and 20 locations (trauma centers and emergency rooms) in San Diego County.
- In June 2006, the principle members of ALTAM retired.
- One year later, San Diego County Alcohol and Drug Services took over management of the project, with San Diego State University Research Foundation as the provider.
- In August 2008, a one-year no-cost extension was awarded.
- In September 2008, SBIRT services for use with short-term jail designees began (the LASBIRT project).
- In August 2009, a second one-year, no-cost extension was awarded.

Mr. Cunningham went on to say that the purpose of the SBIRT program is to reduce substance abuse by intervening and screening non-dependent users and referring them to appropriate services. SBIRT is a research-based program focused on trying to treat and prevent problem drinkers. The basis of the approach is the “Spectrum of Users” model (i.e., social drinkers, low risk users, high risk abusers). This model was melded into a comprehensive approach including four components, or Core Clinical Concepts.

He added that those who are assessed as “low- to medium- risk” drinkers do not have the present need for a traditional 90-day treatment program, but can benefit from a “brief” treatment to reduce potential problems. This concept is illustrated by CASBIRT’s four Program Goals:

- Increasing access to clinically appropriate care for nondependent as well as dependent users;
- Linking generalist and specialist treatment systems;
- Combining prevention, intervention, and treatment toward a consistent continuum of care; and,
- Building a coalition between health care services, other community services, and alcohol and drug treatment.

Cost savings seen during the first year of the program's implementation aided in the development of a training curriculum on SBIRT and the ability to implement SBIRT in jail and other incarceration settings. These additions led to "lessons learned" and produced positive outcomes at the close of the project. The day's presentations include project representatives to present these outcomes and lessons learned and to inform the group on ways in which ongoing support and can be provided to expand SBIRT.

4. PRESENTATIONS

Los Angeles (LA) CASBIRT Project

Sandy Song-Groden and Linda Dyer, LA County Department of Public Health, featuring a discussion with the evaluation team at UCLA, Homeless Health Care, and LA Behavioral Health Services.

Director Zito announced the first presentation of the day from Sandy Song-Groden and Linda Dyer of the LA County Department of Public Health. This presentation covered findings and lessons learned from the LA CASBIRT project, which featured a 2-year pilot demonstration in a criminal justice setting. The evaluation team at UCLA and the Homeless Health Care (HHC) and Los Angeles Behavioral Health Services providers were also invited to share the project's successes.

The LA CASBIRT team began their presentation by explaining that their team represents the 19 Community Assessment Service Centers in Los Angeles that are the pathway to treatment and recovery services.

They added that one of the major accomplishments of this program was their partnership with the County Police and Sheriff's Departments. The LA CASBIRT was able to develop procedures for identifying short-term detainees with significant substance abuse issues and secondly, develop and implement procedures to reduce potential problems within this population.

Sandy Song-Groden provided an overview of the project and its implementation, including a description of SAMHSA's involvement in determining parameters for implementation and talked about the successes and barriers of the LA CASBIRT project.

Ms. Song-Groden told the GPAC that despite budgetary cutbacks, the program was able to harness numerous resources and collaborate effectively with staff from the Police and Sheriff's Departments, the LA County Men's Central Jail, the Leavey Center, and the Nardoni Bail Bonds downtown office.

The LA CASBIRT project worked with the incarcerated population as well as the general community and relied on the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) computer assessment program to provide baseline data for Government Performance and Results Act (GPRA) measures.

The presenters noted that one lesson learned was the benefit of not drafting formal agreements for partnerships and collaborations; time was saved to allow the SBIRT project to move forward with its implementation and to begin working immediately with individuals in need of services.

The Evaluation Team from UCLA presented preliminary results that will be further analyzed and submitted for review upon completion. Challenges in obtaining data for analysis were encountered when attempting to conduct six month follow-ups, which is a common problem with the incarcerated population. Due to this lack of follow-up data, a relatively lower number of matched pairs of data were identified for analysis.

Staff members of HHC described their work with the Parker Center. The HHC helped the project move forward by overcoming the obstacle of meeting detainees within the first 72 hours of incarceration before they were released, transferred to the main jail, or picked up by immigration. HHC began working with the Parker Center by developing trust in staff members and establishing a rapport with their partners. Educating staff about the specific needs of the homeless and incarcerated populations and helping people to overcome their biases towards these individuals was crucial for project progress.

A former client who received SBIRT services at the Parker Center briefly described his positive experience with the program, crediting SBIRT and the Parker Center for his continued sobriety for the past one and a half years. His success helped to increase support from Parker Center and referral to SBIRT services.

A representative of Los Angeles Behavioral Health stated that the biggest lesson learned was the importance of focusing SBIRT services on the low and medium risk clients to prevent future alcohol and other drug (AOD)-related recidivistic behaviors.

San Diego CASBIRT Project

Francine Anzalone-Byrd, MS, CASBIRT Program Manager, San Diego State University Research Foundation

Next, Director Zito introduced Francine Anzalone-Byrd, the CASBIRT Program manager at San Diego State University. This project focused on SBIRT services in Emergency Departments and Trauma Units. Francine discussed the lessons learned, program evaluation, and efforts for sustainability of the San Diego CASBIRT project.

Ms. Anzalone-Byrd talked about the expectations of the CASBIRT grant funding and identified some of the obstacles they faced in providing SBIRT services in a health care setting. One setback related to Health Insurance Portability and Accountability Act (HIPAA) requirements that created policy and procedural roadblocks. These setbacks accounted for a loss of a couple of months in implementing the program. However, once the program was fully integrated in hospital settings, the process for conducting screenings and making referrals went smoothly and the program achieved great success with this model.

Ms. Anzalone-Byrd described the training program that consisted of over 100 hours of training provided in both English and Spanish to ensure placement of bilingual Health Educators in all contracted sites.

One of the biggest lessons learned was that conducting screenings, regardless of referral or treatment outcomes, provided clients with “teachable moments that helped increase awareness and education about the potential for AOD problems and abuse.

Ms. Anzalone-Byrd shared the importance of building trust and confidence of both the client/patient as well as staff/nurses/doctors. Motivational interviewing skills were important, especially when obtaining permission from clients to continue the screening process.

Health Educators began to use handheld computers instead of the hospital computers as a means of decreasing the potential risk of compromising medical records. These handheld devices provide added security and confidentiality through password protection and are uploadable to an electronic vault. The data is then transferred from the electronic vault to a main data center and deleted from the handheld device to protect privacy.

After describing the overall program and its challenges and successes, members of the San Diego County SBIRT program, provided a brief description of the program's evaluation methods, outcomes, the programs major accomplishments, and future goals.

A final statement was made regarding implementing SBIRT with the adolescent population and HIPPA requirements. Rather than screen adolescent patients, resources and referral information were provided to health workers who could pass the information along as needed.

The web site, located at <http://www.casbirt.org/>, includes downloadable information to be used as a guide, including sample language around HIPPA compliance. The web site can be accessed through September 29 and can potentially be maintained as a future reference.

Ms. Anzalone-Byrd ended the presentation by stating that San Diego County has embarked on a 10-year healthcare strategy agenda which includes adopting SBIRT principles in social service settings which will provide added sustainability to the program.

Ms. Anzalone-Byrd fielded the following questions from the meeting attendees:

Tim Cermak, California Society of Addiction Medicine, asked, "What do you say to the skeptic who says that these results come from a 'selected' population' of people who had spontaneously changed and were therefore easier to locate for six month follow-up data?"

Ms. Anzalone-Byrd responded by saying that in many instances, individuals were screened more than once to increase the "window of opportunity" for individuals to seek services. This second opportunity can be seen as key to reinforce a person's cognition of having a substance abuse problem since not everyone will "get it" the first time around. While a higher follow-up rate would be ideal for providing additional credibility, a better comparison group would also be desirable to demonstrate program outcomes and effectiveness.

Steve Wirtz, California Department of Public Health, asked, "Did this program choose not to work with adolescents due to issues of confidentiality?"

Ms. Anzalone-Byrd stated that the adolescent population was not a focus of this grant, but confidentiality is always an issue, especially regarding parental consent. One physician in San Diego County expressed interest in conducting screenings with adolescents and after reaching out to SBIRT, was provided with helpful teen toolkits. In addition, positive feedback has been provided by other grantees for how adolescents have been impacted by SBIRT from other grantees.

SBIRT Statewide Trainings

Anne Bellows, MSW, Project Director, UCLA Integrated Substance Abuse Programs

After a ten minute break, Director Zito reconvened the meeting by welcoming Anne Bellows, Project Director, UCLA integrated Substance Abuse Programs. The presentation covered the statewide trainings on SBIRT services that take place throughout California. These trainings focus on enhancing skills to conduct SBIRT services with patients in trauma centers, emergency departments, and primary health care settings.

Trainings are currently ongoing and recommendations for improvements will be made after the conclusion of all training events.

Ms. Bellows' PowerPoint presentation provided background information on the day-long workshops with trauma centers, emergency departments, and primary health care settings.

Joël Phillips, Center for Applied Research Solutions, asked if there are any plans for developing an online training program. Ms. Bellows confirmed that an online training program is being developed.

SBI Toolkit Overview

Vishaal Pegany, ADP

Director Zito welcomed the final presentation on the SBIRT Toolkit available on ADP's website given by Vishaal Pegany, Analyst, Program and Fiscal Policy Branch, ADP. The toolkit was originally unveiled several months ago and revisions have been made since. New features were demonstrated by going to www.adp.gov and scrolling to the "Service Providers" area where a toolkit link is provided at the bottom. The toolkit provides a central location for federal, state, public, and private resources to provide background and materials for those interested in implementing SBIRT services. Included in this toolkit is:

- Information about motivational interviewing and brief intervention;
- Materials for implementing SBIRT in a variety of settings; and
- Research publications about the impact of SBIRT.

Mr. Pegany demonstrated the SBIRT site and displayed the materials included. He specifically focused on a new document prepared by the National Institute of Drug Administration (NIDA) that includes the ASSIST survey/screening tool.

ROUNDTABLE DISCUSSION

Final Recommendations for SBIRT Services – Tim Cermak and Michael Cunningham, Co-Chairs CASBIRT Subcommittee

The Roundtable discussion focused on the final recommendations for SBIRT services. Tim Cermak and Michael Cunningham, co-chairs of the CASBIRT subcommittee, led the discussion. The following background and updates were provided:

- In the fall of 2004, the GPAC CASBIRT Subcommittee was originally formed to examine issues relating to widespread implementation of SBIRT.

- In March 2006, the CASBIRT Subcommittee provided policy recommendations to the entire GPAC to support systems change and financing.
- In July 2007, the CASBIRT subcommittee was reenacted after a brief hiatus. Tim Cermak volunteered to co-chair. The subcommittee began its work based on the recommendations of the prior subcommittee.
- In 2008, the CASBIRT subcommittee created a proposed SBI plan for higher education and secondary education.
- In May 2008, the CASBIRT Subcommittee presented the policy statement recommendation for the repeal of the Uniform Accident and Sickness Policy Provision Law (UPPL). Governor Schwarzenegger signed the repeal of UPPL into law on September 30, 2008.
- In September 2008, UCLA Integrated Substance Abuse Programs came on board to provide two SBIRT trainings in each of four locations in California—Los Angeles, Fresno, San Francisco, and Sacramento. Additional trainings have been conducted throughout the course of the CASBIRT grant.
- In September 2008, a SIR was submitted to agency on behalf of the CASBIRT subcommittee asking that SBIRT services be supported as a routine component of care of all State-funded healthcare and medical insurance in a variety of settings.
- In the spring of 2009, the SBI toolkit was launched. New additions to the toolkit will be presented later during the GPAC meeting.
- In December 2009, the CASBIRT Subcommittee presented recommendations endorsing the adoption of SBIRT services as the standard of practice for use at all university, college, and community college student health and counseling centers in California. These recommendations will be presented to the California Medical Association's Board of Trustees at their annual meeting in October 2010.

Dr. Cermak continued the discussion, stating that although much progress has been made there is still more work to do. Current Healthcare Reform initiatives make it clear that areas of primary care and AOD treatment will be further integrated and that SBIRT is important to this integration.

Dr. Cermak explained that the potential for SBIRT lies in its ability to help frame the cycle of substance abuse and dependence as a chronic illness with a pediatric onset.

Workshops and trainings for SBIRT include very few physicians and pediatricians, which further illustrates the need to integrate substance abuse treatment into the full range of healthcare services. There is no clear line between early diagnosis of dependence and prevention; SBIRT could be utilized to help distinguish this boundary.

Dr. Cermak requested GPAC members give their ideas on how to reach the various individuals, or "low-hanging fruit," that could help move SBIRT into the position of a health care tool.

Claire Sallee shared her idea to conduct outreach to non-traditional partners to help answer other questions, such as why do some youth begin to drink at such a young age? She added that looking into the roots of trauma and linkages to foster care, domestic violence, and child welfare would be beneficial.

Scott Berenson stated that community colleges can integrate SBIRT in campus orientations to make the connection between counseling services and healthcare centers.

Stephanie Papas added that training should be provided to school counselors to use with students who display high-risk behaviors.

Dr. Cermak responded by saying that he is a supporter of Student Assistance Programs and asked Ms. Papas if she sees any roadblocks with parents. Ms. Papas confirmed that parental consent is an issue.

Mr. Phillips cited the online Brief Intervention (BI) program that has been in use in San Francisco with positive results. There are already programs and resources available, they just haven't been utilized to full capacity and effectiveness.

Possible partner coalitions include the California Department of Education which works with a number of current programs that provide services to students. As an example, one school district in San Francisco began working with school nurses to integrate the BI model within the school setting. This was implemented with some reluctance, since it is seen as too elemental to meet the needs of the "client" adolescents. To begin integrating BI and SBIRT into school settings, leaders and local district level Departments of Education need to be identified to begin pulling the movement forward.

Dr. Cermak stated that by integrating SBIRT in schools along with pediatricians' and physicians' offices, it will be perceived as a routine part of healthcare for students by the time they go to college. Schools are already doing hearing and vision testing, and national concerns about childhood obesity and diabetes have created strong movements towards prevention and education in these areas as well. Once SBIRT and other education and prevention tools are utilized, it will be important to identify ways in which schools can better connect with other social services to provide treatment for other important health and mental health issues, including substance abuse.

Mr. Cunningham stated that there is a need to move SBIRT forward in order to identify specific populations at risk and then be able to make the case for addressing the needs of these populations through the use of SBIRT. In addition, it will be important to identify types of ongoing training and technical assistance that will be necessary to deliver services on an ongoing basis to these specific populations.

In closing, Mr. Cunningham stated that SBIRT should serve as a bridge between the mind-body and treatment-prevention dichotomy. Many tools and resources are already available, but rather than treatment and prevention efforts working independently of one another, the continuum needs to be improved. It will also be important for GPAC to improve the work that has already been done, as opposed to moving on to brand new endeavors. The expectation moving forward is to provide recommendations for ways in which GPAC can serve as a body of support for the state in its effort to improve prevention services for its residents.

SUMMARY/CLOSING

Since the day's meeting was dedicated to CASBIRT, Kathy Page postponed her presentation on FASD until the December meeting. Director Zito closed the meeting, thanking members and guests for their participation. The next GPAC meeting is tentatively scheduled for December 16, 2010.

GPAC Membership – Attendance May 20, 2010

P = Present A = Absent

Organization / Task		Appointed Members	May 20
1 ADP	Policy	Renée Zito	P
	Tech	Michael Cunningham	P
2 AG	Policy	Richard Lopes	P
	Tech	Alan Lieberman	P
3 CDE	Policy	Gordon Jackson	A
	Tech	Tom Herman	A
		Representative: Stephanie Papas	P
4 OTS	Policy	Chris Murphy	A
	Tech	Leslie Witten-Rood	A
5 UC	Policy	Judy Sakaki	
	Tech	Michelle Famula, M.D.	P
		Representative: Belinda Vea	P
6 CSU	Policy	Ray Murrillo	P
	Tech	Paul Oliaro	P
7 ABC	Policy	Steve Hardy	A
	Tech	Christian Albrecht	P
		Representative: Jaime Taylor	A
8 DPH	Policy	Linda Rudolph, M.D.	
	Tech	Mary Strode	A
		Representative: Jacquelyn Duerr	P
9 CalEma	Policy	Scott Frizzie	A
	Tech	Wendy Tully	A
10 CA Com Coll	Policy	Jeff Spano	
	Tech	Diane Glaser	
		Representative: Alexandra Bell	P
		Representative: Scott Berenson	P
11 DSS	Policy	Linne Stout	A
	Tech	Debbie Wender	A
12 CHP	Policy	Jon Rodriguez	P
	Tech	Paul Congi	P
13 DOR	Policy	Lana Fraser	
	Tech	Cheryl Grimm	A
		Representative: Jeff Riel	P
14 DMH	Policy	Vacant	
	Tech	Claire Sallee	P
15 CA Natl Guard	Policy	Lt. Col. Peter Shaner	A
	Tech	SSG J'Neen Rice	A
16 CCC	Policy	Virginia Clark	P
	Tech	Jose Phillips	A
Gov's Rep (OPR)		Cynthia Bryant	
		Representative: James MacDonald	P

**GOVERNOR'S INTERAGENCY COORDINATING COUNCIL FOR THE
PREVENTION OF ALCOHOL AND OTHER DRUG PROBLEMS
GOVERNOR'S PREVENTION ADVISORY COUNCIL (GPAC)**

August 19, 2010 – 9:30 a.m. to 12:30 p.m.
Department of Alcohol and Drug Programs
1700 K Street, First Floor Conference Room
Sacramento, California 95811

REVISED AGENDA

OPENING

1. Introductions - Renée Zito 9:30 a.m.
2. Opening Remarks – Renée Zito
3. Agenda/Material Review – Michael Cunningham
4. Overview and History of the California Screening, Brief Intervention,
and Referral to Treatment (CASBIRT) Grant – Michael Cunningham

PRESENTATIONS

5. LA CASBIRT Project – Sandy Song-Groden and Linda Dyer,
Los Angeles County Department of Public Health, Featuring a
Discussion with the Evaluation Team at UCLA and Providers
Homeless Health Care and LA Behavioral Health Services
6. San Diego CASBIRT Project - Francine Anzalone-Byrd, MS,
CASBIRT Program Manager, San Diego State University
Research Foundation

- BREAK -

7. SBIRT Statewide Trainings – Anne Bellows, MSW, Project Director
UCLA Integrated Substance Abuse Programs
8. SBI Toolkit Overview – Vishaal Pegany, ADP

ROUNDTABLE DISCUSSION

9. Final Recommendations for SBIRT Services – Tim Cermak and
Michael Cunningham, Co-Chairs CASBIRT Subcommittee

OTHER ANNOUNCEMENTS

10. Request for Approval of Future Presentations

SUMMARY/CLOSING – Renée Zito 12:30 p.m.

THE NEXT MEETING IS TENTATIVELY SCHEDULED FOR DECEMBER 15, 2010